Report to Women's Commission for Refugee Women and Children
International Rescue Committee

Status of Afghan Women and Children Refugees
Cynthia Lawrence Haq M.D., March 1989

Imagine you are a 36 year old Afghan woman living in a refugee camp just outside Peshawar, Pakistan. Nine years ago, you and your family fled your home in rural Afghanistan fearing for your lives. A brutal civil war was raging, your brother had been killed, your husband was imprisoned, bombings around your village were commonplace, and the countryside was littered with land mines. You gathered a few possessions which could be carried and traveled with your four young children, your husband's parents, your brother and sister-in-law and their five children over the cold and snowy Afghan mountains by foot for five days until you reached the relative safety of a refugee camp in Pakistan. Two members of your family died in route; your brother in a land mine accident, and your three year old daughter from pneumonia.

After one year in the camp you were joined by your husband. Since then you have had three more children. Your life consists of caring for your seven children, your husband's parents and supporting your widowed sister-in-law and her children. You live in a small mud hut which you and your family built after arrival. Food and water are scarce, but available through rationings. Since your husband was fortunate to find a job building roads outside Peshawar, your family has some money to buy other foods. You are able to obtain medical care at a health center located on the periphery of the camp. Your three sons attend school in the camp in the mornings. Your daughters stay home with you as the mullahs say that schooling for girls and women is contrary to the teachings of Islam. Since you never attended school, you are unable to read or write. You are unable to leave the confines of your compound unless completely covered by veil.

You and your family are very unhappy here. You feel trapped with little freedom to move about, scarce necessities and an uncertain future. You have heard that your village was destroyed and the war continues. You

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INTRODUCTION

Since 1979 more than seven million Afghans have had to abandon their homes to seek asylum from war. Over 70% of the refugee and internally displaced populations are women and children.

Early in 1989 the Women's Commission for Refugee Women and Children of the International Rescue Committee was formed to investigate and exclusively target the needs of refugee women and children throughout the world. In February I traveled to Peshawar, Pakistan, to investigate the status of Afghan women and children refugees and to identify areas of need. The purpose of this report is to briefly summarize the status of women and children refugees, identify problems, and to suggest strategies which might help currently, and during repatriation. I have relied heavily on the experience and knowledge of Nancy Dupree and the above mentioned individuals, and am thankful for their time and frankness with me. As a mother and family physician, I am familiar with maternal-child family and health issues. Being Pakistani, I am familiar with many of the cultural issues affecting Afghan women.

This report is not designed to provide a comprehensive overview of the Afghan refugee's situation and problems. For this the reader is referred to the First Consolidated Report from the office of the United Nations Co-ordinator for humanitarian and economic assistance programmes relating to Afghanistan by Sadruddin Aga Khan. Nor is it designed to comprehensively address problems of repatriation; for this the reader is referred to the first and second reports of the Citizen's Commission on

educate women and girls as communistic undermining of the fabric of their society (1).

Women refugees have experienced the imposition of stricter behavioral codes. Because refugee camps are not closely kin related, as were most villages in Afghanistan, any movement of women outside their homes is viewed as risky, and generally allowed only with a relative male escort, veiled and under close supervision. Urban refugee women enjoy greater freedom, but are seen in public less often than prior to the war, and must keep their heads covered at all times in mixed company. Educational programs for women had been viewed with suspicion and associated with communism. Because of these constraints, educational and development programs directed towards women must be undertaken with caution, and after obtaining approval from male leaders in the camps. During recent years more women have been encouraged and allowed to take advantage of professional opportunities due to economic benefits.

Health Status of Women

It is estimated that there are over five million Afghan women and children refugees. Basic health indicators reflecting the health status of all Afghan refugee women and children are not available but a few surveys have been performed. From surveys of 10 camps in 1987, the current estimated fertility rate of 400 live births per 1000 women of childbearing age is the highest in the world. If this rate continues unchanged, Afghan women will average 13.6 live births during their childbearing years.

During the time of the survey one out of four women of childbearing age was pregnant. Of these, 19% received prenatal care. Only 3.5% of women had received tetanus immunization. Less than 10% of women received professional birth assistance (trained traditional birth attendant, health worker or hospital delivery). Maternal mortality rates are unavailable, but in 1987 1.3 out of every 100 women reported a maternal death during childbirth among their relatives (2).

Given the high fertility rate of Afghan refugee women, many potential problems result. Close spacing of pregnancies results in lower birth weights of infants, a greater tendency for maternal and child malnutrition and greater rates of maternal anemia and birth complications. Of women surveyed in 1987, over 60% favored the idea of child spacing, but only 3%

Coordination and continuation of health services currently available will become more difficult as refugees return to Afghanistan. Efforts to immunize as many children as possible prior to the move should be continued. The training of community health workers, who will probably be the main source of medical care available in rural areas, should be continued with this fact in mind.

Vulnerable Groups

Up to a million people have been killed in the ten year war in Afghanistan, more than 60% of the losses have been adult males. This has resulted in the creation of up to 700,000 widows and orphans. Additionally, due to the protracted war and heavy civilian casualties, there are thousands of handicapped men, women and children refugees. Because of a closely knit extended family system that has existed in Afghanistan for generations, the majority of needy individuals are expected to be cared for within their families. Because of the large numbers of dependent children, widows and handicapped, the extended family's ability to absorb and adequately care for all in need will likely be exceeded. Accurate estimates of the number of refugees with special needs and their location do not exist. Training of Afghans, who could identify needy individuals, and help in coordination of services after repatriation, could insure that these groups receive the special services they require.

Educational Status

Over 90% of Afghan women are illiterate, and 85% are from rural areas of Afghanistan. The use of child spacing methods and the health of children, is directly related to maternal educational status. Education of women is not contrary to the teachings of Islam. Due to the limited mobility of adult women in refugee camps, educational programs targeted at adult women have met with very limited success, but have been successful with some urban refugees. Most of the refugee camps contain schools for children, and efforts are underway to standardize curriculae. Young boys commonly attend grade school, and many have the opportunity to attend secondary schools. Young girls rarely attend grade school, and if they do the attrition rate as they reach higher grades is great. Some school programs for girls have been more successful when *mullahs* (religious teachers) have been employed as teachers. Only one secondary school for refugee girls exists in Peshawar, the Lycee Malalai school with just over

participate in development planning. To insure the support of male leaders it is important that this forum be constructed in a culturally sensitive way. Development of a **women's social service center** in Peshawar could serve as the central body for professional associations of teachers, health workers and women with other special interests. Due to economic, cultural and transportation constraints, external economic support of this group would be essential for its development.

Identifying Vulnerable Groups

The large numbers of **handicapped** individuals will require special programs to help with their achievement of rehabilitation and self sufficiency. Before effective programs can be developed and implemented, these individuals must first be identified, and their needs assessed. The first task of the Women's Social Service Center could be to begin planning for and identification of these individuals. Training of Afghan community social workers who could identify vulnerable families, and refer them to the appropriate social service agencies is critical in coordinating services for these needy individuals.

Widows, particularly mothers with dependent children, form another large group with special needs. Identification of these women could also be achieved by Afghan community workers. The development of mechanisms for these widows to achieve economic self sufficiency through agricultural, tailoring or handicraft programs will decrease their dependency and vulnerability, and could be identified by the widows and their community workers, and coordinated through the women's social service center.

Teaching Programs

The importance of **educational opportunities for male and female children** of all ages cannot be overemphasized. Despite the limited acceptance of education for girls, efforts should continue to enhance female participation. Successful programs which have achieved cultural acceptability, by incorporating *mullahs* (religious teachers) into curricular development should be expanded.

representation at all levels of refugee and repatriation program planning. Coordinators of women's and children's affairs should be appointed by the Pakistan and interim Afghan governments, and in voluntary agencies. A mechanism for communication among these women's representatives should be established for optimal coordination of efforts. Every effort should be made to allow Afghan women to speak for themselves.

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References

1. Dupree, N. H. Women in Afghanistan. Preliminary Needs Assessment. Prepared for the United Nations Development Fund for Women, August 1988

2. Krijgh, E. Health Status of Afghan Women and Children. An assessment of trends in 10 refugee camps between Hangu and Thal, Northwest Frontier Province, Pakistan. 1987